



Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
Lansing, Michigan 48909-7505

AFFIDAVIT OF SOURCE OF FUNDS

[Authorized by R 436.1105]

FOR MLCC USE ONLY

Request ID # _____

Business ID # _____

Applicant or Licensee Name: _____

Name of Money Lender: _____

Source of Funds, current account balance & date account was opened: _____

Enter previous 2 years annual gross sales:

20 ____ \$ _____

20 ____ \$ _____

If source of funds, is an individual, list name of individual, give relationship, (brother, friend, etc), and list reasons why you are obtaining funds from this source: _____

Do you hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United State of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan.? Yes _____ No _____

Do you hold any class of license for the manufacture or sale of alcoholic beverages at wholesale in Michigan, or any interest (stockholder/member) in any class of license for the sale of alcoholic liquor in Michigan which would be in conflict with the granting of this license? Yes _____ No _____

I understand that the falsification of the information on this form, or any false statements made may constitute grounds for denial of this application or revocation of the permit issued.

(Signature of Money Lender)

Subscribed and sworn before me this _____ day _____

Notary Public, _____ County, Michigan

My Commission Expires: _____